

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 PAGE # 1 of 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Maher M. NICKNAME LAST SUFFIX Maso		OFFICE USE ONLY Date Received RECEIVED JAN 27 2011 <i>City Secretary's Office</i> <i>9:50 am ttf</i> Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 10902 Ormond Lane Frisco, TX 75035 Phone: 972-335-3113,		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Mrs. Valenda M. NICKNAME LAST SUFFIX Maso		6 CAMPAIGN TREASURER ADDRESS (Residence or business) STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 10902 Ormond Lane Frisco, TX 75035
	7 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (972) 335-3113		
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final report (Attach C/OH - FR)		
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 07/01/2010 12/31/2010		
10 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) Mayor - City of Frisco		12 OFFICE SOUGHT (if known)
13 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS <input type="checkbox"/> additional pages	.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..		
	Name		
	Address/PO Box; Apt. / Suite #; City; State; Zip Code		
GO TO PAGE 2			

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME Maso, Maher

M. (Mr.)

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)

.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. ..

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

☐ additional pages

COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

215.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

18,735.00

EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

22.43

4. TOTAL POLITICAL EXPENDITURES

\$

6,255.26

CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

12,725.12

OUTSTANDING LOAN TOTALS

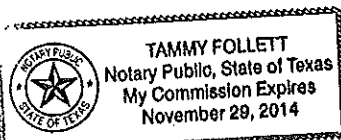
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

0.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP / SEAL ABOVE

Maher Maso

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Maher Maso, this the 17th day of January, 2011, to certify which, witness my hand and seal of office.

Tammy Follett

Signature of officer administering oath

Tammy Follett

Print name of officer administering oath

Notary

Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/7 Report: 3/15	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers) 600	
4 Date 10/27/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adams, Charlie (Mr.) 6 Contributor address; City; State; Zip Code 5949 Sherry Lane Suite 1720 Dallas, TX 75225	7 Amount of contribution (\$) \$500.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Adkins, Larry & Audie Contributor address; City; State; Zip Code 10905 Reising Dr. Frisco, TX 75035	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Allen, George (Mr.) Contributor address; City; State; Zip Code 9123 Clearlake Dr. Dallas, TX 75225	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/18/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Artiles, Jose & Mary Ann Campbell Contributor address; City; State; Zip Code 10905 Amelina Ln Frisco, TX 75035	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA	
Date 10/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Bailey, Mark (Mr.) Contributor address; City; State; Zip Code 1700 Alma Dr. Suite 290 Plano, TX 75075	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The **INSTRUCTION GUIDE** explains how to complete this form.

1 PAGE #

Schedule: 2/7 Report: 4/15

2 FILER NAME Maso, Maher M. (Mr.)

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/21/2010

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Barr, Gordon & Ninette

6 Contributor address; City; State; Zip Code
5384 Spicewood
Frisco, TX 75034

7 Amount of
contribution (\$)

\$250.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Brinkmann, Baxter (Mr.)

10/21/2010

Contributor address; City; State; Zip Code
4215 McEwen Road
Dallas, TX 75244

Amount of
contribution (\$)

\$5,000.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cobb Fendley PAC

10/21/2010

Contributor address; City; State; Zip Code
13430 Northwest Freeway #1100
Houston, TX 77040

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Cross, Rosa (Mrs.)

10/21/2010

Contributor address; City; State; Zip Code
13990 Red Oak Cir N
Frisco, TX 75071

Amount of
contribution (\$)

\$280.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Dewitt, Randy (Mr.)

10/21/2010

Contributor address; City; State; Zip Code
5367 Cattail Ct.
Frisco, TX 75034

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 3/7 Report: 5/15	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 11/04/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Duke, Marlon & Anne 6 Contributor address; City; State; Zip Code 8849 Holly St. Frisco, TX 75034	7 Amount of contribution (\$) \$100.00	8 In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Eggleston, Ernest Contributor address; City; State; Zip Code 9171 Williams Pl. Frisco, TX 75034	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/19/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Graff, Stanley (Mr.) Contributor address; City; State; Zip Code 8901 Governors Row Dallas, TX 75247	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Half Associates State Pac Contributor address; City; State; Zip Code 1201 North Bowser Rd. Richardson, TX 75081	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hollingsworth & McKennon, Kelly & Kayla Contributor address; City; State; Zip Code 5868 Noble Oak Lane Frisco, TX 75034	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable)
		(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/7 Report: 6/15	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/21/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hollingsworth & McKennon, Kelly & Kayla 6 Contributor address; City; State; Zip Code 5868 Noble Oak Lane Frisco, TX 75034	7 Amount of contribution (\$) \$350.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunt, Phillip & Erica Contributor address; City; State; Zip Code 4 Champions Court Frisco, TX 75034	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee, Jim Contributor address; City; State; Zip Code P.O. Box 1047 Frisco, TX 75034	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lewis, Tom (Mr.) Contributor address; City; State; Zip Code 4560 Druid Hills Dr. Frisco, TX 75034	Amount of contribution (\$) \$100.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lund, Clark & Brigid Contributor address; City; State; Zip Code 5536 Southern Hills Dr. Frisco, TX 75034	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/7 Report: 7/15

2 FILER NAME Maso, Maher

M. (Mr.)

3 ACCOUNT # (Ethics Commission filers)

4 Date

10/21/2010

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
marchenko, Yevgeny & Karie

6 Contributor address; City; State; Zip Code
13431 Lyndhurst Dr.
Frisco, TX 75035

7 Amount of
contribution (\$)

\$500.00

8 In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/21/2010

Full name of contributor ☐ out-of-state PAC (ID# _____)
maus, Steve & Libby

Contributor address; City; State; Zip Code
2500 Legacy Dr. #250
Frisco, TX 75034

Amount of
contribution (\$)

\$250.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/21/2010

Full name of contributor ☐ out-of-state PAC (ID# _____)
moss, chris (Mr.)

Contributor address; City; State; Zip Code
11436 Eaglebend Ln.
frisco, TX 75034

Amount of
contribution (\$)

\$100.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/20/2010

Full name of contributor ☐ out-of-state PAC (ID# _____)
Nelson, Donnie (Mr.)

Contributor address; City; State; Zip Code
5209 Southern Hills Dr.
Frisco, TX 75034

Amount of
contribution (\$)

\$1,440.00

In-kind contribution
description (if applicable)
Auction Items & Space
Rental for event

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/2010

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pittenger, WM & Carolyn

Contributor address; City; State; Zip Code
8595 Meadow Hill Dr
Frisco, TX 75034

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 6/7 Report: 8/15	
2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (Ethics Commission filers)	
4 Date 10/21/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shuyler, Lynn & Jean 6 Contributor address; City; State; Zip Code 10420 Big Horn Tr. Frisco, TX 75070	7 Amount of contribution (\$) \$250.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sowell, Will & Bobbie Contributor address; City; State; Zip Code 6101 Wilmington Dr. Frisco, TX 75035	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thanawalla, Moyez & Pamela Contributor address; City; State; Zip Code 5446 Buena Vista Dr Frisco, TX 75034	Amount of contribution (\$) \$250.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/27/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) The Rudman Partnership Contributor address; City; State; Zip Code 1700 Pacific Avenue Suite 4700 Dallas, TX 75201	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 10/21/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Thomason, Joe & Connie Contributor address; City; State; Zip Code 6304 Carmel Falls Ct. McKinney, TX 75070	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/4 Report: 10/15		2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (TEC filers) ---
4 Date 10/13/2010	5 Payee name Asian Import Store			
6 Amount (\$) \$145.58	7 Payee address City; State; Zip Code 1100 Industrial Rd. #17 San Carlos, CA 94070			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Decorations for event	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 10/21/2010	Payee name Ducky-Bob's			
Amount (\$) \$606.41	Payee address City; State; Zip Code 3200 Belmeade Dr. #130 Carrollton, TX 75006			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Furniture Rental for Event	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 10/18/2010	Payee name Gemini Lightin			
Amount (\$) \$633.42	Payee address City; State; Zip Code 10218 Miller Road Dallas, TX 75238			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Light and sound equipment rental for event	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 12/01/2010	Payee name Maso, Maher (Mr.)			
Amount (\$) \$3,000.00	Payee address City; State; Zip Code 10902 Ormond Lane Frisco, TX 75035			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> re-imbusement of personal funds spent	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/4 Report: 11/15		2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (TEC filers)
4 Date 12/06/2010	5 Payee name Maso, Maher (Mr.)			
6 Amount (\$) \$200.00	7 Payee address City; State; Zip Code 10902 Ormond Lane Frisco, TX 75035			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Re-imbursement of personal funds spent	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 10/20/2010	Payee name Party city			
Amount (\$) \$103.46	Payee address City; State; Zip Code 1701 preston rd suite d2 plano, TX 75093			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> fundraiser supplies, table & room decorations	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 10/21/2010	Payee name Paypal			
Amount (\$) \$10.45	Payee address City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> bank fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 10/21/2010	Payee name Paypal			
Amount (\$) \$7.55	Payee address City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Bank Fee	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 3/4 Report: 12/15		2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (TEC filers)
4 Date 10/21/2010	5 Payee name Paypal			
6 Amount (\$) \$2.78	7 Payee address City; State; Zip Code P.O. Box 45950 Omaha, NE 68145			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> bank fee	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 10/20/2010	Payee name Staples			
Amount (\$) \$29.74	Payee address City; State; Zip Code 3333 Preston Rd Frisco, TX 75035			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> glue, markers, tags, tape	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 10/20/2010	Payee name Staples			
Amount (\$) \$21.17	Payee address City; State; Zip Code 3333 Preston Rd Frisco, TX 75035			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> office supplies, name tags, pens, paper	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:
Date 10/21/2010	Payee name Staples			
Amount (\$) \$31.80	Payee address City; State; Zip Code 3333 Preston Rd Frisco, TX 75035			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Office supplies, name tags	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES**SCHEDULE F****EXPENDITURE CATEGORIES**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 4/4 Report: 13/15		2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (TEC filers)
4 Date 10/23/2010	5 Payee name Wright, Andrea			
6 Amount (\$) \$1,227.13	7 Payee address City; State; Zip Code 5014 Plantation Lane Frisco, TX 75035			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Campaign Manager consulting & labor	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought:	Office held:

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES

Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
Fees

Gifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing Expense

Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental Expense

Loan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 1/2 Report: 14/15		2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (TEC filers))
4 Date 12/30/2010	5 Payee name Constant Contact			
6 Amount (\$) \$19.86 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 1601 Trapelo Road Suite #329 Waltham, MA 02451			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> E-mail List subscription - Newsletter	
Date 09/26/2010	Payee name Godaddy			
Amount (\$) \$49.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 14455 N. Hayden Rd #219 Scottsdale, AZ 85260			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Domain Name renewal	
Date 12/17/2010	Payee name Godaddy			
Amount (\$) \$11.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 14455 N. Hayden Rd #219 Scottsdale, AZ 85260			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Domain Name Renewel	
Date 11/01/2010	Payee name Josephines			
Amount (\$) \$102.66 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address City; State; Zip Code 8898 Coleman Blvd Frisco, TX 75034			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Volunteer meeting, food/beverage expense	

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS****SCHEDULE G****EXPENDITURE CATEGORIES**Advertising Expense
Accounting/Banking
Consulting Expense
Event Expense
FeesGifts/Awards/Memorial Expense
Legal Services
Food/Beverage Expense
Polling Expense
Printing ExpenseSalaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Travel In District
Travel Out Of District
Office Overhead/Rental ExpenseLoan Repayment/Reimbursement
Transportation Equipment & Related Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
OTHER (enter a category not listed above)

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE # Schedule: 2/2 Report: 15/15		2 FILER NAME Maso, Maher M. (Mr.)		3 ACCOUNT # (TEC filers)
4 Date 12/01/2010	5 Payee name Krogers			
6 Amount (\$) \$29.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address City; State; Zip Code 7100 Independence Frisco, TX 75035			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gifts/Awards/Memorials Expense		(b) Description (If travel outside of Texas, complete Schedule T) <input type="checkbox"/> Appreciation Cards	